

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |  | Docket Number (Optional)<br>2002085.00125US1 |
|---|--|--|
| Application Number  | 10/828,541-Conf. #3893                 | Filed April 20, 2004                         |
| For COMPATIBILITY TESTING   |  |  |
| Art Unit 2621   | Examiner                               | M. N. Dunn                                   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |
|   | Fee                                    | Small Entity Fee                             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                                  | \$60   |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460                                  | \$230  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1050                                 | \$525  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640                                 | \$820  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230                                 | \$1115                                       |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0219</u> . I have enclosed a duplicate copy of this sheet. |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |  |  |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,590</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |  |  |
| <u>/Eric L. Prahl/<br/>Signature</u>  |  | July 1, 2008<br>Date                         |
| <u>Eric L. Prahl<br/>Typed or printed name</u>  |  | (617) 526-6000<br>Telephone Number           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |  |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted. |  |